Participant must provide all of the information below in English:

1. Participant's co	ontact information, including ema	il address, and that of its counsel,
Participant's Name:	Jesus Quiñones_	Inzury Es S
Participant's Address:	calle Guayacon J.	Lya Ekna Gangarille 00
Participant's Email Address:	·	မှ 🗒
Name of Counsel:		√
Address of Counsel:		
Email Address of Counsel:		· · · · · · · · · · · · · · · · · · ·
2. Participant's C	laim number and the nature of Par	rticipant's Claim:
Claim Number:	- 4 We the Mark	
Nature of Claim:		· -
By: Jan Quin	27 hyaray	and the second of the second o
Print Name	The Trizarry	
	23 L+5	
Title (if Participant is 1	or an individual)	
Date		

<u>Instructions for Filing Notice of Participation</u>: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Entered:10/25/21 Page 2 of 4 Pro se Notices of Participation 214025 X0G Sulviones Trizarry N-100656 00918-170625 United States District court clerks 150 Ave. Carlos Chardon Ste. 100 San Juan, 8.11. 00918-167 18 OCT 2021 PM 1

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SRF 55923

Participant must provide all of the information below in English:

1.	Participant's c	ontact i	nformatio	on, inclu	ding emai	il address	, and th	at of its c	ounse	l,
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Participant 5 1	anic.	•		_	•					_
Participant's A	Address:	CALLIV)	de Buen	auntur	C/Canova	ones P-16	yasu	coa P.R.V	0763	- : : : : : : : : : : : : : : : : : : :
Participant's E	Email Address:	Pdiez	19631 Q	Smail · C	om		l		8	-3
Name of Coun	sel:		NA						22	- (T) - (S)
Address of Co	unsel:		NA		···-				<u>း၌</u> င့်ဝဲ	
Email Address	s of Counsel:		MA					*: *	- 57	<u>:</u> ::
2.	Participant's (Claim n	umber an	d the nat	ure of Pa	rticipant's	Claim	ı:		
Claim Number	r:			206					<u> </u>	- 4
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